

AMENDMENT AFTER FINAL REJECTION	Application #	09/682,775
	Confirmation #	4210
	Filing Date	October 18, 2001
	First Inventor	HARMS
	Art Unit	2192
	Examiner	Vo, Ted T.
	Docket #	2290 (P08629US00/RFH)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

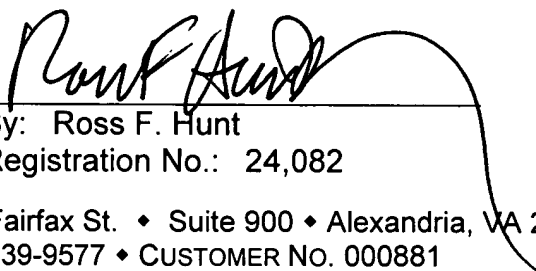
In response to the Office Action dated August 26, 2005, please:
consider the responsive **Remarks** provided herewith in **Attachment A**; and
please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

It is respectfully submitted that the present application is now in condition for allowance.

Respectfully submitted,

Date: November 23, 2005


By: Ross F. Hunt
Registration No.: 24,082

STITES & HARBISON PLC ♦ 1199 North Fairfax St. ♦ Suite 900 ♦ Alexandria, VA 22314
TEL: 703-739-4900 ♦ FAX: 703-739-9577 ♦ CUSTOMER NO. 000881



IFW

Customized PTO/SB/21 (12-04)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	09/682,775
	Confirmation #	4210
	Filing Date	October 18, 2001
	First Inventor	HARMS
	Art Unit	2122
	Examiner	Vo, Ted T.
Total number of pages in this submission =		Docket # 2290 (P08629US00/RFH)

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fees calculated below	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl.
<input type="checkbox"/> Amendment	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> including Attachments	<input type="checkbox"/> Information Disclosure Statement
<input checked="" type="checkbox"/> After Final Amendment/Reply	<input type="checkbox"/> Drawing(s)
<input checked="" type="checkbox"/> including Attachments A-B	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Extension of Time Petition	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	32	32	6	X \$ 50 =	0
<input checked="" type="checkbox"/> INDEPENDENT CLAIMS	5	5	0	X \$ 200 =	0
TOTAL OF ABOVE CLAIMS FEES =					
<input type="checkbox"/> Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					
<input type="checkbox"/> Fee for extension of time (per attached Petition)					
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					

- ☐ The Commissioner is hereby authorized to charge the above-noted fee of \$0 to Deposit Account No. 50-0439.
- ☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:
- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
 - (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: November 23, 2005

By: Ross F. Hunt, Jr.
Registration No.: 24,082

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